AUDIT OF BIOLOGICAL THERAPY FOR INFLAMMATORY BOWEL DISEASE

RESULTS FROM THE UK IBD REGISTRY

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INTRODUCTION

Ensuring the safe, appropriate and effective use of costly biological agents presents a significant challenge for healthcare systems. Although no longer funded as a national audit programme, NHS England has identified audit of biologics for IBD as a priority area for QI activity for hospitals (Quality Accounts List). The UK IBD Registry provides a system for collecting, submitting and reporting data to support participation in biologics audit.

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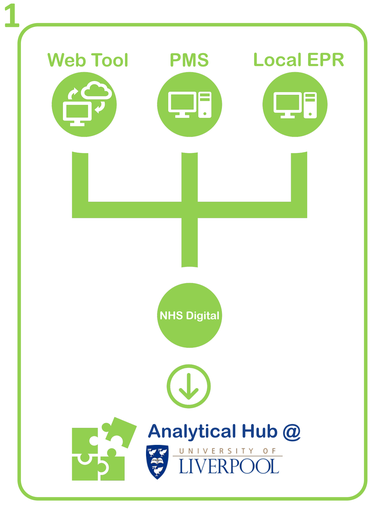

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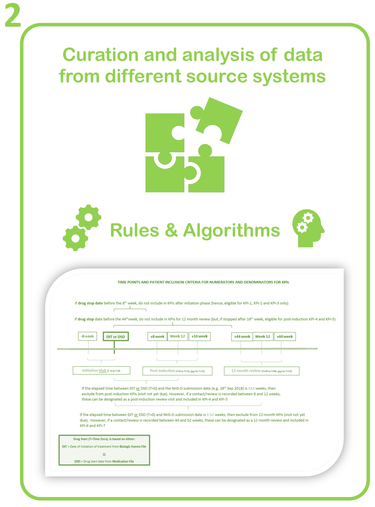

METHODS

Participating centres submit quarterly extracts of standardised data collected via a range of software solutions, including demographics, clinical characteristics, infection screening, drug initiations, clinical review visits and disease activity scores (**Figure 1**).

Eligible cases for audit require a record of drug start date and baseline visit. Algorithmic analysis identifies most relevant review visit and associated disease score if recorded (**Figure 2**).

Time-windows for eligible visits: Baseline visit, maximum 6 weeks before drug start date; Post-induction, 8-16 weeks after drug started; 12-month review, 44-60 weeks afterwards.

The rolling audit focuses on seven Key Performance Indicators (**KPIs**).

Cumulative results are presented, focused on each patient's **first** biologic initiation (**April 2016 – April 2019**).

RESULTS

There were **4,499** adult cases eligible for audit

Age, mean	**42**
Sex, % male	**51**
Diagnosis, %	
Crohn's disease	**61.3**
Ulcerative colitis	**35.1**
IBD-U	**2.2**
Not submitted	1.4

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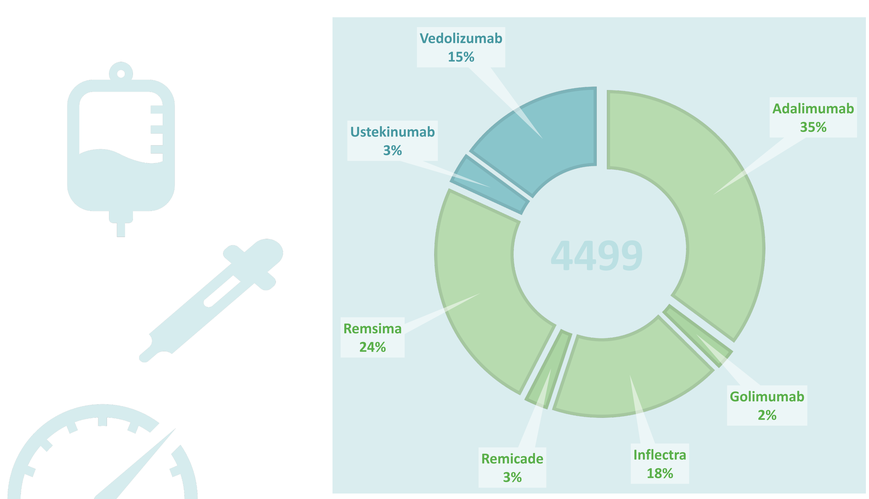
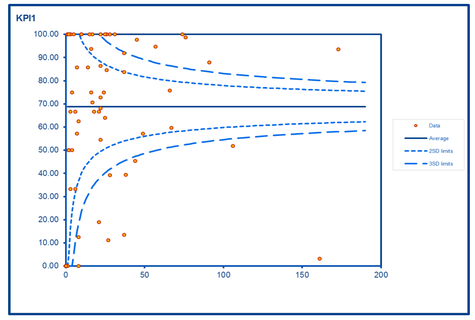


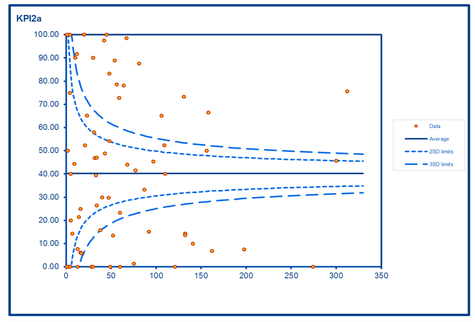
Key Performance Indicator national average % (Figures in parentheses are % of all sites with performance below national average)	All Sites (n=75)	0-19 cases (n=24)	≥ 20 cases (n=51)
1 Infection screening before starting drug (naïve only)	69 (51%)	77	68
2a Assessment of disease activity (pre-treatment)	40 (49%)	28	41
2b Assessment of disease activity or PGA (pre-treatment)	64 (32%)	70	64
3 Registry consent recorded	45 (61%)	24	46
4 Post-induction review recorded	39 (59%)	30	39
5a Assessment of disease activity (post-induction review)	42 (60%)	33	42
5b Assessment of disease activity or PGA (post-induction)	63 (48%)	81	63
6 Twelve month review recorded	34 (64%)	18	35
7a Assessment of disease activity (twelve month review)	46 (64%)	15	47
7b Assessment of disease activity or PGA (twelve month)	65 (52%)	65	65

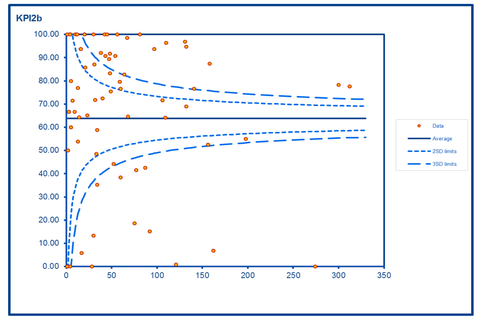
2a, 5a and 7a Require Harvey Bradshaw Index or Simple Clinical Colitis Activity Index
2b, 5b and 7b Allows Physician Global Assessment (PGA) if disease activity index is not submitted

RESULTS

Funnel plots for selected KPIs are illustrated below







CONCLUSIONS

The UK IBD Registry is supporting a growing network of hospitals with participation in continuous biologics audit, providing benchmarking reports to drive local and registry-wide quality improvement. Although incomplete case ascertainment and missing data are inevitable challenges, the biologics data is maturing as sites establish live registers. Results highlight an ongoing need for most centres to improve biologics monitoring through better-organised and documented review visits with objective recording of standardised outcomes.